FEC FORM 3

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REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LABEL OR TYPE OR PRINT \(\psi\)		ple:If typing, ty the lines	rpe [
L	Check if different than previously reported. (ACC) FEC IDENTIFICATION NU	3. IS 1	<u> </u>	NEW (N)		DC LAMEND (A)	ZIP CODE A STATE V DISTRICT DED NY 0,
4.	(a) Quarterly Reports: April 15 Quarterly July 15 Quarterly October 15 Quar	Report (Q1) Report (Q2) terly Report (Q3) End Report (YE) (c) 30-	O cation on	Election Repor	ort for the:	General (1 Special (1 Runoff (3	in the State of
5. Covering Period 04 01 2006 through 06 30 2006 I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Shelly Moskwa Assistant Treasurer Signature of Treasurer Date 0 30 2007 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office Use Only							